

Acute occlusion of an anomalous left circumflex artery after aortic valve replacement

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A 55-year-old male patient with an anomalous left circumflex artery (LCX) from the right sinus of Valsalva underwent aortic valve replacement (AVR) with a St. Jude regent 21mm valve (Abbot Inc, St Paul, MN) and tricuspid valve annuloplasty with a CE 32 mm ring (Edwards Life-

sciences, Irvine, CA) (Fig. 1A, 1B). Postoperative coronary angiography showed an acute occluded LCX (Fig. 1C). The patient underwent successful percutaneous coronary intervention of the occluded LCX (Fig. 1D).

Anomalous LCX from the right sinus of Valsalva occurs infrequently; however, it can create a challenge during AVR. Technical considerations during surgery (avoid oversizing, sutureless valves, prophylactic coronary artery bypass grafting) reduce the risk of injury or compression of the anomalous LCX and prompt postoperative diagnostic coronary angiography in case of hemodynamic ischemia and stenting of the occluded artery could be the first line treatment in these patients.¹⁻³ A written informed consent was obtained from the patient to present these images.

Conflict of interest and funding

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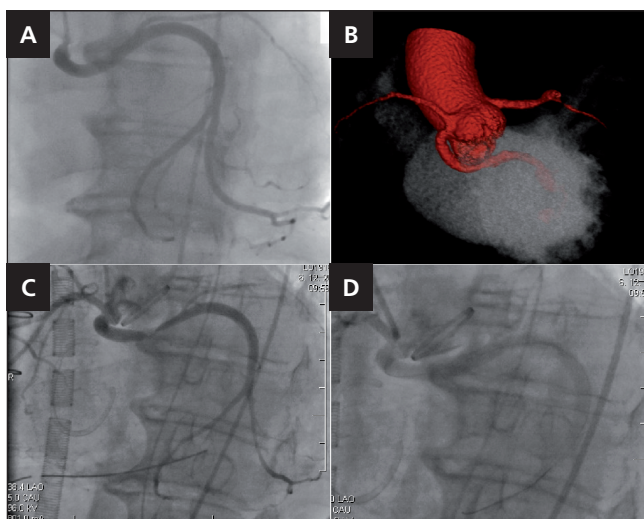


Fig. 1 – (A) Coronary angiography showing the anomalous left circumflex artery from the right sinus of Valsalva. (B) Cardiac computed tomography showing the anomalous left circumflex artery from the right sinus of Valsalva. (C) Postoperative coronary angiography showing the acute occluded left circumflex artery. (D) Postoperative coronary angiography after successful percutaneous coronary intervention of the occluded left circumflex artery.

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